

If you completed the online registration form please complete the form below and send with your child on the first night.

### Medical Release Form

I, the undersigned parent(s) or guardian(s) of \_\_\_\_\_, a minor, \_\_\_\_\_, a minor \_\_\_\_\_, a minor, and \_\_\_\_\_, a minor do hereby authorize adult volunteers of Northside Bible Chapel, to act as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Northside Bible Chapel and any of its ministries or leaders in the event of an accident en route and during an AWANA event. I also consent to minor first aid care to be given when necessary.

Date Signed: \_\_\_\_\_

Parent/ Legal Guardian (Print): \_\_\_\_\_

Parent / Legal Guardian (Sign): \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Child# 1's Ontario Health Care # \_\_\_\_\_ Child # 2 # \_\_\_\_\_

Child # 3 # \_\_\_\_\_ Child # 4 # \_\_\_\_\_

Doctor's Name \_\_\_\_\_

### PHOTO AND VIDEO CONSENT FORM

Occasionally during our AWANA programming, photos and videos are taken while the children are participating in various activities.

\_\_\_\_\_ Yes, we the parent/guardian of the named below, I give my consent to AWANA and Northside Bible Chapel for taking his/her photos or videos and using them for both programming and promotional purposes.

\_\_\_\_\_ No, we the parent/guardian of the named below, do NOT give my consent to AWANA and Northside Bible Chapel for taking his/her photos or videos.

Signature: \_\_\_\_\_ Print \_\_\_\_\_

Child(rens) Name(s): \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_